



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Non-Profit  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2024

**1. Corporate ID No.** 000122604

**2. Name of Corporation** EAST BAY HOUSING OPTIONS, INC.

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
624229

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 2756 POST ROAD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PROVIDE ELDERLY PERSONS AND HANDICAPPED PERSONS WITH HOSUING  
FACILITES AND SERVICES SPECIALLY DESIGNED TO MEET THEIR PHYSICAL,  
SOCIAL AND PSYCHOLOGICAL NEEDS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).  
R.I.G.L.  
7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JENNIFER WHEELERHON	14 COBBLESTONE TERRACE COVENTRY, RI 02816 USA
TREASURER	FREDERICK REINHOLDT	2700 POST ROAD WARWICK, RI 02886 USA
SECRETARY	MICHAEL MCCAFFREY	1380 WARWICK AVENUE WARWICK, RI 02886 USA
VICE PRESIDENT	CHRISTINE KING	823 MAIN STREET HOPE VALLEY, RI 02832 USA
DIRECTOR	KLECKNER CHARLES	2756 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	MARY SPRINGER	2756 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	BEN LESSING	55 MAIN ST WOONSOCKET, RI 02895 USA
DIRECTOR	MARY DWYER	55 MAIN ST WOONSOCKET, RI 02895 USA
DIRECTOR	TAMRA RINGELING	2756 POST ROAD WARWICK, RI 02886 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

KLECKNER CHARLES 25 RAILROAD AVENUE WARREN , RI 02885

Signed this 6 Day of November, 2024 at 12:54:42 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By DEBRA CARROLL  
Signature of Authorized Person

Form No. 631  
Revised 09/07



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

November 06, 2024 12:53 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

